



Attorney's Docket No.

9D-HL-19210

## \_\_\_\_\_

[ is attached hereto

As a below named inventor, I hereby declare that:

(check one)

**DECLARATION AND POWER OF ATTORNEY** 

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **WASHING MACHINE BRAKE CAM ACTUATOR WITH INTERRUPTED RING**, the specification of which:

	n as		ial No,
I hereby state that I have revie specification, including the claims,	wed and understand as amended by any ar	the contents nendment refer	of the above identified red to above.
I acknowledge the duty to disclo application in accordance with Title	se information which e 37, Code of Federal f	is material to 1 Regulations §1.	the examination of this 56(a).
I hereby claim priority benefits und application(s) listed below and, in application is not disclosed in the pr paragraph of Title 35, United Stat information as defined in Title 37, of the filing date of the prior applica- application:	nsofar as the subject rior United States applic es Code, §112. I ack Code of Federal Regulat	matter of each eation in the mail nowledge the cations, §1.56(a)	h of the claims of this nner provided by the first luty to disclose material which occurred between
Application Serial No. Filin	ng Date	Status(patente	ed, pending, abandoned)
	<del></del>		
POWER OF ATTORNEY: As a nan and/or agent(s) to prosecute this Trademark Office connected there	application and transac	ct all business in	the Patent and
H. Neil Houser, Reg. No. 28,859, Louisville, KY 40225	General Electric Comp	any, Appliance	Park 2-225,
Send Correspondence to:			Direct Telephone Calls To:
H. Neil Houser General Electric Company Appliance Park 2-225 Louisville, KY 40225			H. Neil Houser 502.452.4653

Post Office Address: \_\_\_

## DECLARATION AND POWER OF ATTORNEY

Attorney's Docket No.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application and any patent issued thereon.

## SOLE OR FIRST INVENTOR: Full Name: Emile E. Abi-Habib Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Residence: Louisville, Kentucky Citizenship: Post Office Address: Louisville, Kentucky SECOND JOINT INVENTOR, IF ANY: Full Name: Steve Froelicher Signature: \_\_ Date: \_\_\_\_ Residence: Louisville, Kentucky Citizenship: \_\_\_ Post Office Address: Louisville, Kentucky THIRD JOINT INVENTOR, IF ANY: Full Name: \_\_\_ Signature: Date: \_\_\_\_\_ Citizenship: \_\_\_\_ Post Office Address: \_\_\_\_ FOURTH JOINT INVENTOR, IF ANY: Full Name: \_\_\_\_ Date: \_\_\_\_\_ Citizenship: \_\_\_\_